

State of Connecticut Bepartment of Banking Consumer Credit Division 260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF SUPERVISOR IN CHARGE Consumer Collection Agency

Form may be used to add or delete the supervisor in charge.

Instructions:

- 1. Please provide **full given name**, **full residential address and date of birth** of person with supervisory authority over lending or brokerage activities at the office to be licensed. First initials and P.O. Box addresses are not acceptable.
- 2. Please complete a **Personal and Business History Statement** form for the new person in charge.
- 3. Any questions, please contact Justyna Kordowska 860-240-8275 or via e-mail at justyna.kordowska@ct.gov.

| Company Name | License Number |
|---------------------------------------|----------------|
| DBA Name (if applicable) | |
| CURRENT SUPERVISOR IN CHARGE | |
| Name | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| Date of Birth | |
| PROPOSED SUPERVISOR IN CHARGE | |
| Name | |
| Title | |
| | |
| City State 7in Code | |
| Date of Birth | |
| | |
| Name of person completing this form | Date: |
| Telephone # | F-mail Address |



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Company____



| | PERSONAL AND | D BUSINI | ESS HIS | TORY STATEMENT | | |
|------|--|--|-----------|------------------|--------------------|--|
| 1. N | Name | | | | | |
| 2. R | Residential Address | | | | | |
| 3. T | Title or Position with Applicant | | | | | |
| 4. D | Date of Birth - Month | Day | | Year | | |
| 5. P | Place of BirthU.S. Citizen | | | | | |
| | Education (state fully amount of technic | | | | | |
| | • | • | | | | |
| n | Give a chronological listing of all employments. If unemployed at any time for attach additional sheets if necessary). | • | • | • | | |
| N | ame of Employer and Address | From | <u>To</u> | Type of Business | Your Position | |
| c | Have you ever been adjudged a bar Have you ever been the subject of r Have you ever made an assignment Have you ever been refused any lic body? | receivershi | p procee | dings? | other governmental | |
| e | | | | | | |
| f | Has application for any license ever been withdrawn? | | | | | |
| g | . Is there any litigation pending against you or any firm or company of which you are now a partner, officer, director or manager? | | | | | |
| h | Were you ever a partner, officer, director or manager of any firm or company which was adjudicated a bankrupt or for which a receiver was appointed either during the time or within one year after you were so connected therewith? | | | | | |
| i. | Have you ever been charged in any suit with any fraudulent or illegal acts in any transaction of any kind o character? | | | | | |
| j. | Have you ever been involved in any civil litigation of any character arising out of the consumer collection agency business? | | | | | |
| k | Have you ever defaulted in the pays | Have you ever defaulted in the payment of money collected from others? | | | | |
| 1. | . Have you ever been convicted of armisdemeanors)? | | | | | |

If your answer to any of the foregoing questions is "yes", explain the circumstances fully (attach additional sheets if necessary).

| 9. | what experience have you had in the | consumer collection agency business? |
|-----|---|---|
| 10. | Are you at present a partner, officer, | lirector or manager in any other company? held in each. |
| | | Signed |
| | of ty of | |
| | | , 20, personally appearedto me known and known by me to be |
| | | first duly sworn upon oath, deposes and says that he/she has read, e alleged facts therein contained are true to his/her knowledge. |
| | Notary Public | My Commission Expires |